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V. J. SKUTT  
CHAIRMAN OF THE BOARD  
D. D. ULFERS  
PRESIDENT

*Mutual*  
**OF OMAHA**



*your good neighbor.*

MUTUAL OF OMAHA INSURANCE COMPANY

HOME OFFICE OMAHA, NEBRASKA

WASHINGTON, D.C., REGIONAL GROUP OFFICE  
SUITE 1215, 1750 PENNSYLVANIA AVE., N.W.  
WASHINGTON, D.C. 20006  
298-8084

NORMAN C. CONWAY  
MANAGER

October 21, 1965

Government Employees Health Association  
Post Office Box 463  
Washington, D.C.

Dear Len:

Enclosed are four (4) copies of the proposed amendment rider to Policy No. GMG-1799 incorporating all of the changes to be effective January 1, 1966.

I would appreciate it if you would review this draft as soon as possible and advise me if you have any suggestions or objections.

As soon as I hear from you that the draft has been accepted, I will make the necessary arrangements to have the final copies printed and forwarded to your attention.

As yet I have not sent any copies to the Civil Service Commission.

Sincerely,

  
Norman C. Conway  
Regional Manager

Enclosures - 4

NCC:jhh

## AMENDMENT RIDER

This rider is attached to and made a part of Master Policy No. GMS-1799 and is subject to all provisions of the policy which are not in conflict with the provisions of this rider.

In consideration of the premium therefor, the following amendments are hereby agreed to effective January 1, 1966.

1. The Net Biweekly Premium shown in General Provision 7 on page 3 is amended to read as follows:

Net Biweekly Premium for Benefits Described in Plan of Insurance No. II

Protected person . . . . .	\$3.20
Protected person and one or more dependents . . . . .	\$8.93

2. The daily room benefit shown in the MATERNITY BENEFITS section in Part A of Plan of Insurance No. II on page 10 is increased from \$16.00 a day to \$20.00 a day.
3. The Maximum Miscellaneous Hospital Expense Benefit shown under Plan of Insurance No. II on page 9 is increased from "\$202.50 plus 80% of balance up to a maximum of \$5,000.00" to "unlimited during the period hospital room benefits are payable."
4. The MAXIMUM PAYMENT section of the MAJOR MEDICAL EXPENSE BENEFITS provision, Part C., on page 44 is amended by increasing the Maximum Payment from \$20,000.00 to \$30,000.00.
5. The following provision is added to the policy:

## PART D.

## X-RAY AND LABORATORY EXPENSE BENEFITS

If a protected person or an eligible dependent while insured under this policy and not confined as a resident hospital patient shall because of accidental bodily injury or sickness, require x-ray or laboratory examinations, the Company will pay for the expense actually incurred for such examinations provided they are performed by or under the supervision of a legally qualified doctor of medicine but not to exceed in the aggregate \$75 for each calendar year.

This provision is applicable to protected persons and dependents insured for Plan II benefits.

MUTUAL OF OMAHA INSURANCE COMPANY

President